

Nov 25 10 56 AM '03

This instrument prepared by:

Fred A. Ross, Jr.

Attorney for Cendant Mobility Government Financial Services Corporation

499 South President Street / P.O. Box 23429

Jackson, MS 39201/39225-3429

601-960-4550 Cendant # 142544704

459 PG 191
CH. CLK.

WARRANTY DEED AND SPECIAL POWER OF ATTORNEY

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, the undersigned, **MICHAEL S. GUY** and wife, **PRISCILLA T. GUY**, do hereby sell, convey and warrant unto CENDANT MOBILITY GOVERNMENT FINANCIAL SERVICES CORPORATION, A DELAWARE CORPORATION, the following described land and property lying and being situated in De Soto County, Mississippi, to-wit:

Lot 5, Section A, Pinehurst, Section 10, Township 2 South, Range 7 West, as shown on plat of record in Book 44 Pages 42-43, in the Chancery Clerk's Office of DeSoto County, Mississippi, to which reference is hereby made for a more particular description of said property.

THIS CONVEYANCE is made subject to any and all applicable building restrictions, restrictive covenants, rights-of-way, easements and mineral reservations of record.

IT IS AGREED AND UNDERSTOOD that ad valorem taxes for the current year have been prorated.

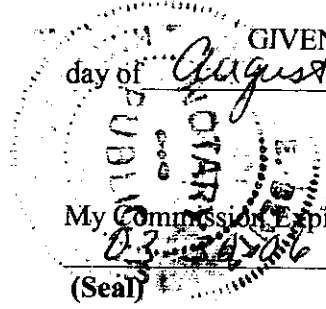
AND WE DO BY THESE PRESENTS make, constitute and appoint BURROW CLOSING MANAGEMENT CORPORATION, A California Corporation, Acting Alone ("Agent") as our true and lawful agent and attorney-in-fact to do and perform for us in our name, place and stead, and for our use and benefit, to execute a standard form lien waiver and any other documents necessary for delivery of this deed and to complete the sale of the property herein described, including, but not limited to, the HUD-1 Settlement Statement, HUD-1 Certification, Affidavit of Purchaser and Seller, Lender Assumption Statements and/or Modification Agreement, Lender Compliance Agreement, and any other documents required for said sale and conveyance. We further give and grant unto our Agent full power and authority to do and exercise of any of the foregoing powers as fully as we might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that our Agent shall lawfully do or cause to be done by virtue hereof. This Power of Attorney shall not be affected by disability, incompetency or incapacity of Principal, and shall be governed by the laws of the State of Mississippi. This Power of Attorney is coupled with an interest and shall remain in force and effect until the sale contemplated is closed, and shall not be revoked by either of the undersigned prior to said time.

WITNESS THE SIGNATURE OF THE GRANTORS, this the 15th day of August, 2003.

Michael S. Guy
MICHAEL S. GUY
Priscilla T. Guy
PRISCILLA T. GUY

STATE OF Mississippi
COUNTY OF Harrison

PERSONALLY came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named **MICHAEL S. GUY**, who acknowledged to me that he/she signed, executed and delivered the above and foregoing Warranty Deed and Special Power of Attorney on the day and year therein mentioned.

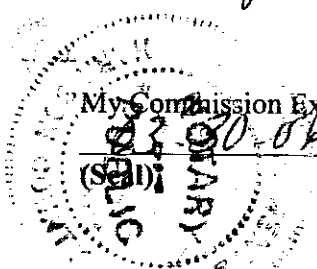
GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the 15th day of August, 2003.

My Commission Expires: 03-30-06
(Seal)

Helen E. Benty
NOTARY PUBLIC

STATE OF Mississippi
COUNTY OF Harrison

PERSONALLY came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named **PRISCILLA T. GUY**, who acknowledged to me that he/she signed, executed and delivered the above and foregoing Warranty Deed and Special Power of Attorney on the day and year therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the 15th day of August, 2003.


My Commission Expires: 03-30-06
(Seal)

Helen E. Benty
NOTARY PUBLIC

ADDRESS OF GRANTORS:
4115 Pinehurst Blvd.
Southaven, MS 38672
NA
Phone No: 662-895-7274

ADDRESS OF GRANTEEES:
499 S. President St., St. 200
Jackson, MS 39225
Phone No: 601-960-4550

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDADATE OF
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO. 1757

1. DECEDENT'S NAME		FIRST Elizabeth		MIDDLE Octavia		LAST Guy		2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) July 23, 1996		4. SOCIAL SECURITY NUMBER 413-07-3627		5a. AGE Last Birthday (Years) BK 04 59 PG 04		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 Day Hours Minutes	
6. DATE OF BIRTH (Month, Day, Year) August 26, 1917		7. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee		8. HAD DECEDENT EVER IN U.S. ARMED SERVICES? (Yes or No) No		9a. INSIDE CITY LIMITS? (Yes or No) No			
9a. PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9b. INSIDE CITY LIMITS? (Yes or No) No		9c. COUNTY OF DEATH Escambia					
9c. FACILITY NAME (If not institution, give street and number) West Florida Regional Medical Center		9d. CITY, TOWN, OR LOCATION OF DEATH Pensacola		9e. COUNTY OF DEATH Escambia					
10a. DECEDENT'S USUAL OCCUPATION Food Service Worker		10b. KIND OF BUSINESS/INDUSTRY School		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)			
13a. RESIDENCE - STATE Mississippi		13b. COUNTY DeSoto		13c. CITY, TOWN, OR LOCATION Olive Branch		13d. STREET AND NUMBER 4115 Pinehurst Boulevard			
13e. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) Specify		15. RACE - American Indian, Black, White, etc. Specify. White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (13-16) 1	
17. FATHER'S NAME (First, Middle, Last) David Jay Tyrer		18. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Kate Payne		19a. INFORMANT'S NAME (Type/Print) Michael Sidney Guy		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4115 Pinehurst Blvd., Olive Branch, Mississippi 38654			
20a. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forest Hill Midtown Cemetery		20c. LOCATION - City or Town, State Memphis, Tennessee					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		21b. LICENSE NUMBER (of Licensee) FE 3818		21c. NAME AND ADDRESS OF FACILITY Oak Lawn Funeral Home 32506 619 New Warrington Road Pensacola, FL					
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) [Signature]		22b. DATE SIGNED (Mo., Day, Yr.) July 29, 1996		22c. HOUR OF DEATH 23:11 P.M.		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) [Signature]		23b. DATE SIGNED (Mo., Day, Yr.) July 29, 1996	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J.J. Lazarchick, M.D.		22e. HOUR OF DEATH 23:11 P.M.		23c. HOUR OF DEATH 23:11 P.M.		23d. MEDICAL EXAMINER'S CASE # -96-01-316--			
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) J.J. Lazarchick, M.D. 5151 North Ninth Avenue Pensacola, Florida 32504		25a. SUBREGISTRAR - SIGNATURE AND DATE [Signature]		25b. LOCAL REGISTRAR - SIGNATURE [Signature]		25c. DATE REGISTERED JUL 31 1996			
26. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac Arrhythmia b. Coronary Artery Vascular Disease c. d. Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes		Approximate Interval Between Onset and Death Minutes Years	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE LAST 3 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)					
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined. Natural		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY M		32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED	
		32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

HVS Form 512,
Jan. 83 (Previous
Editions Obsolete)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

State Registrar

State Registrar

AUG 19 1996

WARNING:

7796453

DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. UNAUTHORIZED ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

HRS FORM 1564 (10/95)



CERTIFICATION OF VITAL RECORD